227 CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) FILE To the SECRETARY OF STATE, STATE OF IDAH [6 1 28 PM •98 Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Businese Name. 1. The assumed business name which the undersigned use(s) in the transaction of business is: -RED'S CUSTEM PAIN 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name 11573 GINGRACE Rei 83713 The general type of business transacted under the assumed business name is: (mark only those that apply) **Retail Trade** Manufacturing Transportation and Public Utilities Wholesale Trade Aariculture Finance, Insurance, and Real Estate Services Construction Mining Phone number (optional): 325.909> 4. The name and address to which future correspondence should be addressed: ame Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West CODY IS (if other than # 4 above): PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHD SECRETARY OF STATE 04/16/1998 09:00 CK: CASH CT: 97438 8H: 191788 Signature: 1 8 28.88 = 28.88 ASSUM NAME Printed Name: D141082 Capacity: (see instruction # 8 on back of form